TEACHING ASSISTANT AGREEMENT
Department of Human Development and Family Studies

HD FS 497C

NAME: _________________________   PSU ID# _________________________

COURSE YOU WILL TA: __________

SEMESTER YOU TA:  FA__________   SP__________   SU__________

NUMBER OF CREDITS: __________              Email: ______________________

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Registration for HD FS 497C may ONLY occur in the semester you are doing the coursework.
Registration may NOT be carried from one semester to the next semester.
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Means of Evaluation by Faculty Member:

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Please bring the form with signatures to 315 HHDEV East for registration. You must be present in
order for this class to be added to your schedule.
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STUDENT SIGNATURE: _________________________  DATE:_______

FACULTY SIGNATURE: _________________________  DATE:_______